

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:

DFAS Accounts Payable (A/P)
P.O. Box 1643
Jefferson City, MO 65102-1643

| DFAS USE ONLY | | |
|---------------|-------|---------|
| EFT | PAPER | VENDOR# |
| | | |

***THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

| DIVISION | UNIT/OFFICE | | |
|---------------------|-------------|--------------|--|
| DFAS | Cole | | |
| CONTACT PERSON NAME | | PHONE NUMBER | |
| Joy Benne | | 751-7027 | |

| VENDOR/PAYEE NAME | AMOUNT OF PAYMENT |
|----------------------------------|-------------------|
| Alliance For Life - Missouri Inc | \$179,194.85 |

| CONTRACT, ER, OR PG NUMBER (if applicable) | CS170042001/ |
|--|--------------|
|--|--------------|

| CODING INFORMATION: | |
|---|------|
| ORGANIZATION CODE(S) TO BE CHARGED: | 3155 |
| DESCRIPTION OF CODING OR FUNDING SOURCE (Indicate the exact words from coding sheet): ALTERNATIVES TO ABORTION TANF 100% 0199 886 3155 2960 1536 Q221 | |

| SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE |
|---|
| September 2018 Payment Contract allows for payment to be made in advance |

| DFAS USE ONLY--DO NOT WRITE/MARK BELOW |
|--|
|--|

| | | | |
|------------------|--|------------|------------|
| ENCUMBER: | | DATE: | |
| PURCHASING: | | | |
| PO# | | COMM LINE: | INIT/DATE: |
| ACCOUNTS PAYABLE | | | |
| DATA ENTRY: | | APPROVAL: | |

Alternatives to Abortion Invoice

"ORIGINAL"
Only Invoice Available

Contract # CS170042001

Vendor Number: [REDACTED]

Vendor Name: Alliance for Life - Missouri Inc

Vendor Address: 487 SW Ward Rd
Lee's Summit, MO 64081

Bill To: Missouri Department of Social Services
Division of Finance & Administrative Services
P.O. Box 1643
Jefferson City, MO 65102-1643

Invoice Number: 2019-03

Invoice Date: 9/1/2018

Service Period: September 1 - September 30, 2018

| <u>Total Contracted Allocation</u> | <u>Prior Invoiced Total</u> | <u>Monthly Award Amount</u> |
|--|---------------------------------|---------------------------------|
| \$ 2,150,338.14 | \$ 358,389.70 | \$ 179,194.85 |
| Monthly cash on hand adjustment | \$ - | |
| Quarterly expenditure adjustment: | \$ - | |
| Total Due: | \$ 179,194.85 | |
| Allocation Remaining | \$ 1,612,753.60 | |

Signature: Marsha Middleton

RECEIVED
AUG 30 2018
10:11 AM

Approved
9-4-18
J. E. B. [Signature]